Image# 11952832059 PAGE 1 / 21

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼		ple: If typin the lines.	g, type	12FE4M5		
American Podiatric Medi	cal Association	Political Ad	ction Cor	nmittee			1
ADDRESS (number and street)	9312 Old Georgetown	Road					
Check if different							
than previously reported. (ACC)	Bethesda				MD	20814-1698	
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		S	STATE 🛦	ZIP CC	DE 🛦
C C00008839		3. IS THIS REPORT	\ \ \ \	IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8) ×	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)	J	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day	F	rimary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Electio Report for the		Convention (12C)	Special (125)	
October 15 Quarterly Report (Q3)	rioport for a		onvention (120)	Opeolar (120)	
January 31 Year-End Report (YE)	E	Election on	M = M /	D D /	Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electi		General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	Report for the	ne:	M = M /	D = D /	Y Y Y Y	in the	
(ILN)	E	Election on				State of	of
5. Covering Period 10		011	through	10_	/ 31 /	2011	
I certify that I have examined this I	Report and to the be	est of my know	ledge and b	elief it is true	e. correct and	I complete.	
-	Dr. William Dabdoub [-					
Signature of Treasurer Dr. Willi	am Dabdoub DPM	[1	Electronically	<i>Filed]</i> Da	ate 11	/ D D /	2011
NOTE: Submission of folco.	or incomplete info	matian may and	ioot the nere	on oigning th	in Dancet to the	o popultica of C	1100 8407~
NOTE: Submission of false, erroneou	is, or incomplete infor	nation may sub	jeci ine pers	on signing thi	s neport to th	•	
Use Only						FEC FOR Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 10 01 2011 To: 10 31 2011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		243863.33
	(b) Cash on Hand at Beginning of Reporting Period	411376.16	
	(c) Total Receipts (from Line 19)	18322.00	410489.94
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	429698.16	654353.27
7.	Total Disbursements (from Line 31)	6500.00	231155.11
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	423198.16	423198.16
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

rer than loans) From: ersons Other al Committees (use Schedule A) ed	9763.00 8559.00 18322.00 0.00 18322.00 0.00 0.00	261263.33 140174.50 401437.83 0.00 0.00 401437.83 0.00 0.00
al Committees (use Schedule A)	8559.00 18322.00 0.00 0.00 18322.00 0.00 0.00	140174.50 401437.83 0.00 0.00 401437.83 0.00 0.00
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dates and Other		
es	0.00	0.00
eceipts		
est, etc.)	0.00	9052.11
on-Federal and Levin Funds		
Account		
ule H3)	0.00	0.00
(from Schedule H5)	0.00	0.00
,		
s (add 18(a) and 18(b))	0.00	0.00
	on-Federal and Levin Funds Account ule H3)	on-Federal and Levin Funds Account ule H3)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	ursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expend (a) Allocated Fed	itures: —— eral/Non-Federal	1000 1110	Jaionaa 16a1-10-Date
Activity (from	Schedule H4)	0.00	0.00
(i) Federal S	Share	0.00	0.00
` '	eral Share	0.00	0.00
(b) Other Federa			
· ·	ng Expenditures	0.00	10754.11
	(a)(ii), and (b))▶	0.00	10754.11
Transfers to Affilia	1	0.00	0.00
Contributions to		0.00	0.00
Federal Candidate and Other Politica	s/Committees I Committees	6500.00	218500.00
Independent Expe		0.00	0.00
Coordinated Partv	Expenditures	0.00	0.00
(2 U.S.C. §441a(d (use Schedule F).))	0.00	0.00
		0.00	0.00
Loan Repayments	Made	0.00	0.00
Loans Made Refunds of Contril	outions To:	0.00	0.00
(a) Individuals/Pe		0.00	1901.00
man Follica	Committees	0.00	7
	Committees	0.00	0.00
(c) Other Politica (such as PAC	S)	0.00	0.00
(d) Tatal Caratrila	tion Defende	· ·	,
(d) Total Contribu	R(a), (b), and (c))▶	0.00	1901.00
(444 2.1100 20	(a), (b), and (b),		
Other Disburseme	nts	0.00	0.00
Federal Election A	activity (2 U.S.C. §431(20))		
` '	leral Election Activity		
(from Schedu (i) Federal Sh	ie H6)	0.00	0.00
(,, , , , , , , , , , , , , , , , , , ,			200
` '	areion Activity Paid Entirely	0.00	0.00
	leral Funds	0.00	0.00
	Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	its (add Lines 21(c), 22,		
23, 24, 25, 26, 27	, 28(d), 29 and 30(c))	6500.00	231155.11
Total Federal Disb	ursements		
	a)(ii) and Line 30(a)(ii)	200	
from Line 31)	▶	6500.00	231155.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	18322.00	401437.83
4. Total Contribution Refunds (from Line 28(d))	0.00	1901.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18322.00	399536.83
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	10754.11
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	10754.11

FOF	R LINE	NU	MBER	:	PAGE	6	OF	21
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

NAME OF COMMITTEE (In Full)	Association Political Action Committee	
/	Association Political Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Steven M. Spinner		Date of Receipt
Mailing Address 1031 Coralina Ln.		10 01 2011
City	State Zip Code	Transaction ID : 19405541
Delray Beach	FL 33483-6792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	7
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Michael James Chin	'	Date of Receipt
Mailing Address 15 N. Racine Ave. #501		10 01 2011
City	State Zip Code	Transaction ID : 19405543
Chicago	IL 60607-2003	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Windy City Foot & Ankle Physicians	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Louise Ellen Tortora	·	Date of Receipt
Mailing Address 119 Chelsea St.		Date of Receipt
Mailing Address TT9 Unelsea St.		10 05 2011
City	State Zip Code	Transaction ID : 19438189
Fairfield	CT 06824-4942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (option	al)	415.00
. 3 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u> </u>	
TOTAL This Period (last page this line nur	mber only)	

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(check	only or	ne)					
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13	3	14		15	16		17

	the name and address of any political committee t	
,	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub		Date of Receipt
Mailing Address 100 Ayshire Ct.		10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19439747
Slidell	LA 70461-5034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	2200.00	
Full Name (Last, First, Middle Initial) Dr. Andrew V. Wahl		Date of Receipt
Mailing Address 17860 Richmond Rd.		10 07 2011
City	State Zip Code	Transaction ID : 19446829
Plainfield	IL 60586-8219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Essington Podiatry Group	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) Dr. Aniello Scotti Jr.		Date of Receipt
Mailing Address 1 Three Pond Rd.		10 07 2011
City	State Zip Code	Transaction ID : 19447073
Smithtown	NY 11787-1830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	675.00
	,	
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	IE NU	MBER	:	PAGE	8	OF	21	
(check o	nly or	ne)						
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Anv information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

City Kenosha FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop Pixed State Zip Code Transaction ID: 19447074 Amount of Each Receipt this Function C Production Podiatric Physician Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt	125.00
Mailing Address 201 68th PI. City State Zip Code WI 53143-5137 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ State Zip Code WI 53143-5137 Amount of Each Receipt this formulation of Each Receipt this formulation in the self-self-self-self-self-self-self-self-	Period 125.00
City State Zip Code WI 53143-5137 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Qeneral Other (specify) ▼ City State Zip Code Podiatric Physician Fell Name (Last, First, Middle Initial) Date of Receipt Full Name (Last, First, Middle Initial) S. Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop City State Zip Code Portland OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID : 19447075 Amount of Each Receipt this feach Receipt thi	Period 125.00
Receipt For: City	125.00
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) City Portland FEC ID number of contributing federal political committee. Name of Employer Self-Employed City Portland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Aggregate Year-to-Date	125.00
Receipt For: Primary General Other (specify) ▼	
Self-Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop City Portland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : 19447075 Amount of Each Receipt this feach Receipt this feach Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop City State Zip Code Portland OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19447075 Amount of Each Receipt this feather than the second of the s	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop City State Zip Code Portland OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Pate of Receipt Transaction ID: 19447075 Amount of Each Receipt this Receipt this Receipt this Receipt this Receipt this Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
Tull Name (Last, First, Middle Initial) Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop City State Zip Code Portland OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald Loop City Portland OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 19447075 Amount of Each Receipt this Fection Transaction ID: 19447075 Amount of Each Receipt this Fection Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
City State Zip Code Portland OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial)	
City State Zip Code Portland OR 97086-8037 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State Zip Code Transaction ID : 19447075 Amount of Each Receipt this First, First, First, First, First, Middle Initial)	044
Portland OR 97086-8037 Amount of Each Receipt this F FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	011
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	 Period
Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	42.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 470.00 Full Name (Last, First, Middle Initial)	
Primary General Other (specify) ▼ 470.00 Full Name (Last, First, Middle Initial)	
Other (specify) ▼ 470.00 Full Name (Last, First, Middle Initial)	
Date of necelpt	
Mailing Address 2830 Fairways Dr.	011
City State Zip Code Transaction ID : 19451092	
Homestead FL 33035-1176 Amount of Each Receipt this F	Period
FEC ID number of contributing federal political committee.	100.00
Name of Employer Occupation	
Self-Employed Podiatric Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)	
	267.00

FOF	R LINE	NU	MBER	:	PAGE	9	OF	21
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	13		14		15	16	6	17

NAME OF COMMITTEE (In Full)	Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Malcolm Derek Smith Mailing Address 85 Overlook Rd. City Ponca City FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code OK 74604-7331 C Occupation Podiatric Physician Aggregate Year-to-Date ▼	Date of Receipt 10 17 2011 Transaction ID: 19454829 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan Mailing Address Austin Foot & Ankle Speci 5000 Bee Cave Rd. #202 City West Lake Hills FEC ID number of contributing federal political committee. Name of Employer Austin Foot & Ankle Specialists Receipt For: Primary General Other (specify)	State Zip Code TX 78746-5254 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 10 20 2011 Transaction ID: 19459638 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala Mailing Address 59 Harrowgate Dr. City Cherry Hill FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 08003-1938 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 10 21 2011 Transaction ID: 19460295 Amount of Each Receipt this Period 160.00
SUBTOTAL of Receipts This Page (optional)	760.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 10 OF 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Richard A. Armstrong Date of Receipt Mailing Address Falmouth Podiatry 342A Gifford St. 2011 10 22 City Zip Code State Transaction ID: 19462323 Falmouth MA 02540-2948 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Falmouth Podiatry Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Tyson E. Green Date of Receipt Mailing Address 4213 Maidstone Dr. 10 22 2011 City State Zip Code Transaction ID: 19462324 Lake Charles LA 70605-4033 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Edward A. Bustamante Date of Receipt Mailing Address 2829 Indian Creek Dr. #1010 10 23 2011 City State Zip Code Transaction ID: 19462336 FL Miami Beach 33140-4730 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation S. Miami Foot Health Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 11 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	` —	11a 13	nne) 11b 14	11c		12 16	1	7
ny information copied from such Reports and Statements mar r for commercial purposes, other than using the name and a	, , , ,			•	,	_			

Α 0 NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Liana G. Seldin Date of Receipt Mailing Address 325 Meridian Ave. #10 10 2011 23 City State Zip Code Transaction ID: 19462337 FL Miami Beach 33139-8713 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Georgina A. Asante Date of Receipt Mailing Address 1900 10th Ave. #305 10 2011 25 City State Zip Code Transaction ID: 19463428 Columbus GΑ 31901-1400 Amount of Each Receipt this Period FEC ID number of contributing C 45.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Frederick D. Buxbaum Date of Receipt Mailing Address 242 E. 19th St. #9-A 2011 10 25 City State Zip Code Transaction ID: 19466549 NY New York 10003-2636 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 370.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	LINE			:	PAGE	. 1	12	OF	21
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Charles P. Sanicola Mailing Address 19511 Spring Valley Dr. City	State Zip Code	Date of Receipt 10 25 2011 Transaction ID : 19466550
FEC ID number of contributing federal political committee.	MD 21742-2411	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Subodh K. Choudhary Mailing Address 310 Raven Rd.		Date of Receipt 10 25 2011
City Greenville FEC ID number of contributing federal political committee.	State Zip Code SC 29615-4248	Transaction ID : 19466552 Amount of Each Receipt this Period 1001.00
Name of Employer Piedmont Podiatry Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1001.00	
Full Name (Last, First, Middle Initial) Dr. Michael R. Droulette Mailing Address 11304 Odell Farms Ct. City Beltsville	State Zip Code MD 20705-4106	Date of Receipt 10 27 2011 Transaction ID: 19467897
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Other	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 350.00	Amount of Each Receipt this Period 150.00
SUBTOTAL of Receipts This Page (optional	al)	1451.00
TOTAL This Period (last page this line num	<u></u>	

Name of Employer

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 21 (check only one) X 11a
Any information copied from such Reports and Statements ${\bf n}$ or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Dr. Howard G. Osterman		Date of Receipt
Mailing Address 7512 Flamewood Dr.		10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Transaction ID: 19467902
Clarksville MD	21029-1824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300.00

Occupation

	Self-Employed Receipt For: Primary General Other (specify) ▼	Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Erika M. Schwartz Mailing Address 909 Northwest Dr. City	State Zip Code	Date of Receipt 10 27 2011 Transaction ID : 19467903
	Silver Spring FEC ID number of contributing federal political committee.	MD 20901-1435	Amount of Each Receipt this Period
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Deborah Ketterer		Date of Receipt

Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Deborah Ketterer		Date of Receipt
Mailing Address 28229 149th Ave. S.E.		10 28 2011
City	State Zip Code	Transaction ID : 19468336
Kent	WA 98042-4551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional)			Ī	7	I		,		750	0.00)	
TOTAL This Period (last page this line number only)	[Ī	7	_	_	7			_	_	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Peter A. Blume Date of Receipt Mailing Address 22 Timber Ln. 2011 10 28 City Zip Code State Transaction ID: 19468337 CT Woodbridge 06525-1835 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Blume Pod. Group/Aff. Foot Surgeons Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Kenneth Wichman Date of Receipt Mailing Address Manchester Podiatry Center, P.C. 117 E. Center St. 10 28 2011 City State Zip Code Transaction ID: 19468338 CT Manchester 06040-5203 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Manchester Podiatry Center, P.C. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael Z. Fein Date of Receipt Mailing Address 15 Lakeview Dr. 10 28 2011 Zip Code City State Transaction ID: 19468339 CT Easton 06612-1700 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	[×	11a		11b		11c		12		
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or for commercial purposes, o	other than using the name and	d address of any political	committee to solicit contributions	from such committee.

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
angle American Podiatric Medical Ass	ociation Political Action Committee	Э
Full Name (Last, First, Middle Initial) A. Dr. Christian J. Wunderlich Mailing Address 1934 Drexel Hill Ct.		Date of Receipt
		10 28 2011
City	State Zip Code	Transaction ID: 19468340
Des Peres	MO 63131-3647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Kirkwood Podiatry, Inc.	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Brian G. Ralph		Date of Receipt
Mailing Address 478 Huger St.		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	10 28 2011 Transaction ID : 19468345
Charleston	SC 29403-4343	Transaction ID : 19468345 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
	Occupation	
Name of Employer Charleston Podiatry	Occupation Padiatria Physician	
Receipt For:	Podiatric Physician	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Richard Gosnay		Date of Receipt
Mailing Address 19 Marc Rd.		10 28 2011
City	State Zip Code	Transaction ID: 19468346
Danbury	CT 06810-8262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Horst P. Knapp Date of Receipt Mailing Address 2612 Geiberger Dr. 2011 10 03 City State Zip Code Transaction ID: 19468989 TX 75025-5167 Plano Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Gregory L. Cooper Date of Receipt Mailing Address 8033 Paseo Del Ocaso 10 18 2011 City State Zip Code Transaction ID: 19468995 CA La Jolla 92037-3232 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. James Mothershed Jr. Date of Receipt Mailing Address 1249 Kent Place Ln. 10 20 2011 City State Zip Code Transaction ID: 19469001 NC Winston Salem 27104-1140 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Podiatric Physician Drs. Mothershed, Mothershed & Arne Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Richard Chwastiak Date of Receipt Mailing Address 615 E. Broad St. 2011 10 20 City Zip Code State Transaction ID: 19469008 PΑ Tamaqua 18252-2206 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Paul H. Schwarzentraub Date of Receipt Mailing Address 4601 66th St. #A 10 21 2011 City State Zip Code Transaction ID: 19469014 TX Lubbock 79414-4875 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Theodore L. Deffinger Date of Receipt Mailing Address 3515 Sierra Rd. 10 24 2011 City Zip Code State Transaction ID: 19469022 CA San Jose 95132-3302 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

550.00

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Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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21

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Michael S. Schey Date of Receipt Mailing Address 2922 Woodland Ridge Dr. 2011 10 25 City Zip Code State Transaction ID: 19469027 West Bloomfield MI 48323-3560 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Lakeside Podiatrists PC Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John N. Evans Date of Receipt Mailing Address 547 E. Huron St. 10 31 2011 City State Zip Code Transaction ID: 19505175 MI Milford 48381-2424 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Jill H. Scholz Date of Receipt Mailing Address 4248 Turkey Creek Rd. 10 31 2011 City State Zip Code Transaction ID: 19505177 IΑ Iowa City 52240-7844 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Town Square Family Foot Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... 9763.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 19 OF 21								
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or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
American Podiatric Medical Asso	ciation Political Actic	n Committe	ee							
Full Name (Last, First, Middle Initial)										
A. Davis for Congress			Date of Disbursement							
-										
Mailing Address 5630 W. Division St.			10 14 2011							
City	Chata Zin Cada									
City	State Zip Code IL 60651		Transaction ID: 19453796							
Chicago Purpose of Disbursement	IL 60651									
r dipose of Disbursement		011	Amount of Each Disbursement this Period							
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Rep. Danny K. Davis		Category/ Type	1000.00							
	sement For: 2012	туре								
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Full Name (Last, First, Middle Initial)										
B. Brian Bilbray For Congress			Date of Disbursement							
- Brian Bilbray i or Congress			M M / D D / Y Y Y Y							
Mailing Address 991c Lomas Santa Fe Drive			10 14 2011							
# 192										
City	State Zip Code		Transaction ID : 19453804							
Solana Beach	CA 92075		Transaction ID . 19455804							
Purpose of Disbursement										
		011	Amount of Each Disbursement this Period 1000.00							
Candidate Name		Category/								
Rep. Brian P. Bilbray		Туре	1000.00							
	sement For: 2012									
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President	Other (specify) ▼									
State: CA District: 50										
Full Name (Last, First, Middle Initial)	Data of Dishurasment									
C. Charlie Dent For Congress			Date of Disbursement							
Mailing Address PO Box 442			M M / D D / Y Y Y Y Y Y 10 10 14 2011							
Mailing Address PO Box 442			10 14 2011							
City	State Zip Code									
Allentown	PA 18105		Transaction ID: 19453811							
Purpose of Disbursement										
		011	Amount of Each Disbursement this Period							
Candidate Name		Category/	100000							
Rep. Charles W. Dent		Type	1000.00							
Office Sought: House Disbut	sement For: 2012									
Senate	Y Primary General									
President	Other (specify)									
State: PA District: 15										
SUBTOTAL of Disbursements This Page (optional	l)		3000.00							
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TOTAL This Period (last page this line number o	nly)									

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 21						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:						
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or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
\mid $ angle$ American Podiatric Medical Associ	ation Political Action	n Committe	e						
Full Name (Lock First Middle Initial)									
Full Name (Last, First, Middle Initial) A. Jesse Jackson Jr For Congress			Date of Disbursement						
A. Jesse Jackson Jr For Congress			10 142011						
Mailing Address P.O. Box 490286									
•	State Zip Code		Transaction ID : 19453812						
Chicago	IL 60649		1141134341011115 . 13433312						
Purpose of Disbursement		011	Amount of Each Disbursement this Period						
Candidate Name			Amount of Lacif Disbursement this Feriod						
Rep. Jesse L. Jackson Jr.		Category/ Type	2500.00						
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President	Other (specify) ▼								
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B. Lone Star Leadership PAC			Date of Disbursement						
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Mailing Address 104 Hume Avenue			10 17 2011						
City	State Zip Code								
Alexandria	VA 22301		Transaction ID: 19454056						
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Office Sought: House Disburser Senate	Primary General								
President	Other (specify)								
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Full Name (Last, First, Middle Initial)									
C. Friends Of Chris Murphy			Date of Disbursement						
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Mailing Address PO Box 127			09 26 2011						
City	State Zip Code								
City Cheshire	CT 21p Code		Transaction ID: 19488392						
Purpose of Disbursement	30110								
Funds Reported On October Monthly FEC Report 011			Amount of Each Disbursement this Period						
Candidate Name		Category/	4000.00						
Mr. Christopher Murphy		Type	1000.00						
	ment For: 2012		[MEMO ITEM]						
Senate President	Primary General Other (specify) ▼		Funds Reported On October Monthly FEC Repo						
State: CT District:	Other (specify)								
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	for commercial purposes, other than using the nan											
\vdash	NAME OF COMMITTEE (In Full)											
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	American i odiatne Medicai Associ	ation i olitical Action	1 001		CC							
	Full Name (Last, First, Middle Initial)											
A.	Friends Of Chris Murphy				Date of	of Disbu	ursen	nent				
						/ /	D I) /	Y	Y	Y	
	Mailing Address PO Box 127					10 31 2011						
	City Chata 7's Onda											
	City State Zip Code Cheshire CT 06410			Transaction ID: 19488393								
	Purpose of Disbursement	00410			_							
	Re-designated funds for trans. dated 09/26/2011		0	11	Amount of Each Disbursement this				Period			
	Candidate Name	didata Nama				-	-	-	_	_	-	ï
	Mr. Christopher Murphy			gory/ pe						100	0.00	
		ment For: 2012		1	IMEM	O ITEM	11	,				
	✓ Senate	Primary General			[MEMO ITEM] Re-designated funds for trans. dated (09/26/2	01	
	President	Other (specify) ▼			110 0.01							•
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	Senate	Primary General										
	President	Other (specify) ▼										
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	Senate	Primary General										
	President	Other (specify) ▼										
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